



State of California—Health and Human Services Agency
Department of Health Services



SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

Funding Alert

August 10, 2004

**California Department of Health Services, Tobacco Control Section
In-School Evaluation of the Tobacco Use Prevention Education Program
Request for Proposal (RFP) 04-35738**

The California Department of Health Services, Tobacco Control Section (CDHS/TCS), is seeking a contractor to conduct the evaluation of the Tobacco Use Prevention Education (TUPE) program in California schools funded by the Tobacco Tax and Health Protection Act of 1988. This evaluation is to include a survey during the 2005-06 school year on tobacco use behaviors and attitudes of California youth in grades 6-12. It will also include an administrator/principal survey, a lead health education/TUPE coordinator teacher survey, and a teacher survey. **A tentative release date for the RFP is October 19, 2004.**

Approximately \$800,000 is estimated to be available for this RFP to fund one agency. Funding for this procurement is dependent on available revenue in the Governor's fiscal year (FY) 2004-05 Budget and subsequent FYs. The contract period begins May 1, 2005 and ends June 30, 2007, for a project period of 26 months. **The anticipated proposal due date is December 2, 2004.**

The RFP will be on the CDHS/TCS website at: www.dhs.ca.gov/tobacco after the release date.

To receive a hardcopy of the RFP via mail, please complete the form below and mail or fax your request **no later than October 8, 2004, to:**

MARJORIE ROGERS
TOBACCO CONTROL SECTION
CALIFORNIA DEPARTMENT OF HEALTH SERVICES
P.O. Box 997413, MS 7206
Sacramento, CA 95899-7413
FAX: (916) 449-5517

The RFP Information Meeting is scheduled for:

Tuesday, November 2, 2004
1:30 p.m. to 5:00 p.m.
Feather River Room
1616 Capitol Avenue, Room 74.551
Sacramento, CA 95814

NOTE: All attendees must check in at the security guard station in the lobby at 1616 Capitol Avenue.

PLEASE PRINT CLEARLY – Request for Proposal (RFP) 04-35738

Agency Name: _____
Street Address: _____
City/State/Zip: _____
Attention: _____ Phone: _____
Fax: _____ E-mail: _____